

DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Cadet Command
Fort Monroe, Virginia 23651-5000

28 January 2000

Expires 15 December 2000

Reserve Officers' Training Corps
2000 ROTC ADVANCED CAMP: ADMINISTRATIVE PREPARATION

Summary. This circular provides information to all Senior ROTC battalions with cadets attending the 2000 ROTC Advanced Camp and to National Guard headquarters with officer candidates attending the Officer Candidate School (OCS) Phase III at Fort Lewis.

Applicability. This circular is applicable to all cadets and officer candidates attending Advanced Camp and the OCS Phase III at Fort Lewis. For convenience, the terms he, him and his represent both male and female genders.

Suggested Improvements. Send comments and suggested improvements on DA Form 2028 to Commander, U.S. Army Cadet Command, ATTN: ATCC-TT, Fort Monroe, Virginia 23651-5000.

Distribution. For distribution to HQ Cadet Command, brigades, battalions and Headquarters of 1st, 2d and 4th Regions (ROTC), 205th Regiment WAANG.

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1. **CAMP CONCEPT.** The 2000 ROTC Advanced Camp is located at Fort Lewis, Washington. Current plans call for 3,800 ROTC cadets from all regions to form eleven cadet regiments. Advanced Camp will host consolidated Phase III Army National Guard Officer Candidate Training, with 300 officer candidates forming one OCS regiment.

a. The Camp Commander is the Commander, Fourth Region (ROTC), U.S. Army Cadet Command. The Commander is responsible for all matters relating to Advanced Camp. The Commander, I Corps and Fort Lewis provides, within capabilities and mission priorities, necessary equipment, facilities, and support personnel for the conduct of the camp.

b. The Cadet Command mission is to *commission* the future officer leadership of the U.S. Army and motivate young people to be better citizens. Within that framework, the camp mission is to *TRAIN* cadets to Army standards, *DEVELOP* leadership, and *EVALUATE* officer leadership potential. To take advantage of efficiencies in resources, Advanced Camp also provides a standardized training and evaluation framework for OCS Phase III.

c. Advanced Camp is the single most important event in the career of a cadet or officer candidate (OC). It is often their first exposure to Army life on an active Army installation and one of the few opportunities where cadets/candidates from various parts of the country undergo a common, high-quality training experience.

d. Advanced Camp is intentionally stressful and is designed to build individual confidence through the accomplishment of tough and demanding training. The days are long with considerable night training and little time off. Squad and platoon level competitions develop collective cohesion (*esprit de corps*) and emphasize the necessity for teamwork.

e. The training at Advanced Camp utilizes small unit tactical training as the vehicle for evaluating officer potential.

f. Advanced Camp Cadet/OCS regiments begin camp on specified dates as indicated in paragraph 4. Training is

organized into separate committees in a tiered structure. Each regiment follows the same progressive sequence of training ensuring standardized training and evaluation of all cadets. Training includes individual and collective training as follows:

Individual:

Army Physical Fitness Test (APFT)
Confidence Training
Field Leaders Reaction Course (FLRC)
Basic Rifle Marksmanship (BRM)
Land Navigation
Machine Gun
Fire Support
Hand Grenade
Nuclear, Biological, and Chemical (NBC)
Individual Tactical Training (ITT)
Branch Orientation

Collective:

Squad and Platoon Situational Training
Exercises (STX)

Each regimental training cycle builds on previous training events, beginning with individual skills and culminating with rigorous platoon-level training. The OCS regiment will participate in FLRC, Confidence Training, Squad STX, and Platoon STX under the same conditions and standards as the cadet regiments.

2. **DIRECT COMMUNICATION.** Direct communication is authorized and encouraged between individuals and elements concerned with the preparation and conduct of Advanced Camp. Brigade and Region HQs may contact personnel listed in paragraph 3 as needed.

3. **PRECAMP COORDINATION.** The Staff coordinators indicated below are POCs for matters pertaining to camp. DSN 357 or Commercial (253) 967- precedes all phone numbers. Internet e-mail addresses are followed by@4rotc.lewis.army.mil.

STAFF COORDINATORS/EMAIL & PHONE #
(253) 967-XXXX or DSN 357-XXXX

Chief, Advanced Camp Branch; MAJ William Fox (foxe); 7374

Operations; CPT Don Pincus (pincusd); 8351, CPT Lance Manske (manskell), 4194

Support (TDA, Billeting); CPT Roy Seidmeyer (seidmeyer); 7380/7374

Training Aids; SFC Michael Simmons (simmons); 2606

Evaluation; Mr. Allen Cunniff (cunniffa); 6215
Personnel & Administration; CPT Angela Holbrook; (holbrooa); 2182

Ammunition Management; SFC James Hastings (hastingj); 8351

Logistics; CPT Charles Marbas (marbasc), 9838;
Mr. Steve Banerdt (banerdt); 4050

GSA Fleet Management; SFC Michael Leach (leach); 9607

Information Management; Ms. Carol Sullivan (sullivac); 9808

Data Processing; Ms. Carol Sullivan (sullivac); 9880

Resource Management; Ms. Sharon Tillman (tillmans); 9821

Nurse Cadets; LTC Joan Vanderlaan (vanderlj); 9619

Public Affairs; CPT Woody Stone (stonew); 7473

Cadet Personnel; Ms. Susan Mayer (mayers); 3254

Protocol; Ms. Tammy Lee (leet); 9571

National Guard; LTC Wayne Appleby (applebyw); 6127

USAR (USAR, AGR, TPU, IRR); LTC James Thrasher (thrashej); 7360

Inspector General; MAJ Les Cowan (cowanl); 3183

training. It may be advisable for cadre from Guam, Puerto Rico, American Samoa, and other geographically distant locations to arrive early. Cadets may report up to 24 hours early. However, Advanced Camp pay will not start until the directed report date. Early arrival (arrivals earlier than 0800 hours the day before report date) must be coordinated and approved by HQ, Fourth Region (ROTC), ATTN: ATOD-PA. Regimental report and graduation dates are as follows:

<u>REGIMENT</u>	<u>REPORT</u>	<u>GRADUATION</u>
1	8 June*	12 July
2	11 June	15 July
3	14 June	18 July
4	17 June	21 July
5	20 June	24 July
6	23 June	27 July
7	26 June	30 July
8	29 June	2 August
9	2 July	5 August
10	5 July	8 August
11	8 July	11 August
OCS	11 July	12 August

***NOTE: 1st Regiment cadets may not report to camp before 7 June. Messing and billeting accommodations are not available prior to that date.**

5. PUBLIC AFFAIRS / SPECIAL EVENTS. This headquarters plans information activities to enhance the Army ROTC image and visibility, create a favorable climate of public opinion, stimulate interest in the ROTC program, and to provide camp information. We accomplish these objectives through Command Information, Public Information, and Community Relations Programs.

a. Each cadet is encouraged to complete a DD Form 2266, Hometown News Release, while at camp. Releases will be forwarded upon graduation of the cadet from camp.

b. A camp yearbook is produced during camp; it is distributed on or about 1 November. Yearbooks are optional purchases for cadets and cadre; estimated cost of the 2000 yearbook is \$28 including postage.

c. Cadre who desire photographs of cadets from their school or of camp training, other than what is published in the camp yearbook, must bring their own camera and film. The camp Public Affairs Office does not provide equipment, photographers, or photo processing for this purpose.

4. REGIMENTAL CYCLE DATES. Advanced Camp is comprised of twelve training cycles (eleven ROTC and one OCS) during the period 8 June through 12 August 2000. Each cycle is organized as a regiment. All cadets will report NLT 1600 hours on "Report Date" of their assigned regiment. Failures to do so could result in transfer to a subsequent cycle, possible recycle to next year's Advanced Camp, and/or loss of follow-on

d. Educators' Visit to Camp - The University Educators' Visit will occur 9-12 July 2000. Additional information will be published, as it becomes available.

e. Accessions photos will be taken of all cadets at Advanced Camp. Ensure cadets arrive with at least one set of pressed BDUs with proper patches and name tags. This is the command standard. No exceptions authorized.

6. ROTC CAMP CADRE.

a. All ROTC battalions will provide personnel to perform camp instructor, TAC staff, or administrative duties. All active Army, Reserve component, and MPRI contract personnel on duty with ROTC battalions are available for camp duty unless excused by their Region Commander. Personnel from I Corps, Fort Lewis and Reserve Component personnel will supplement ROTC personnel.

b. The Advanced Camp consolidated cadre-staffing roster will be published January 2000. Request for changes to the cadre-staffing roster may be forwarded to Fourth Region Camps Branch until 8 May 2000. After 8 May 2000, all requests for cadre-staffing changes will be forwarded to, and require the approval of the Advanced Camp Commander.

c. NLT 1 March 2000, all cadre orders for Advanced Camp will be forwarded from schools up to their respective brigades. Each brigade is responsible for verifying the accuracy of information on Advanced Camp orders; note that orders improperly formatted or with incorrect data will not be accepted by HQ, Fourth Region, Camps Branch. After verification of content and format, brigades will forward Advanced Camp travel orders (Format 400 – Appendix I) through HQ, Fourth Region, ATTN: Advanced Camp Branch, Fort Lewis, WA 98433 to HQ, Cadet Command, ATTN: Resource Management. Fourth Region Advanced Camp Branch will ensure each cadre request for orders is authorized on the TDA, sign orders as the approving authority, and then forward the travel orders to Cadet Command Resource Management (RM). Cadet Command RM will assign and type the travel order number and fund cites. Cadet Command RM will send all completed Advanced Camp travel orders back to cadre members at their respective schools. Note that orders must include all specific statements in the example provided in Appendix I. As an exception to policy, cadre from Guam, Puerto Rico, American Samoa, and other geographically distant locations are authorized to arrive at Advanced Camp one day early. Cadre members effected by this exception will delete

the entry, "EARLY REPORT NOT AUTHORIZED" from their Format 400 travel orders.

d. Staff and cadre will be in good physical condition, able to meet weight standards, and ready to participate in a physical fitness program while at camp.

7. CADRE PRECAMP REQUIREMENTS.

a. Incidental Operator's Permit. All ROTC cadre participating in Advanced Camp should possess a valid state driver's license. The government is essentially a self insurer, but should GSA vehicles be damaged as a result of misconduct or negligence, the government may seek reimbursement through a Report of Survey (ROS). Some private insurance companies carry a provision that covers the insured for damages to GSA or other government vehicles. This provision protects the insured when found liable for damages by ROS. Recommend individuals that will operate GSA vehicles during summer camp contact their insurance agent about this nonreimbursable coverage.

b. Government Vehicle Operator's Permit. Normally, operation of non-tactical vehicles below one-ton rating requires only that the driver be in possession of a valid state driver's license. Operators of four-wheel drive vehicles require special licensing. If possible, camp-bound cadre should be licensed at their local support installation before camp. They must bring their DA Form 348, Equipment Operator's Qualification Record and OF 346, U.S. Government Motor Vehicle Operator's Identification Card to camp. **When the correct operator's license and evidence of training are presented, the Fort Lewis TMP will overstamp current licenses for other installations. This will save potential operators significant inconvenience upon arrival at camp. There must be a hazardous materials (HAZMAT) training endorsement to a Government Vehicle Operator's Permit for anyone transporting HAZMAT that requires a vehicle to be placarded under the HAZMAT Regulation (49 CFR, para 172).**

c. Government dining facilities are available to cadre during Advanced Camp. Cadre who report before cadre-dining facilities are operational may eat in tenant unit dining facilities on North Fort Lewis. All ROTC cadre on TDY (\$7.50 per diem plus \$2.50 incidental) must pay the current meal rates for both garrison and field meals.

d. The standard duty uniform for cadre is the BDU with soft cap. Cadre should refer to Cadre and

Cadet Circular's 145-00-2/3 for personal clothing and additional equipment requirements for the position they will fill at camp.

e. Cadre must bring any required CTA 50-900 equipment to camp. Central Issue Facility (CIF) will not issue TA-50 items to cadre. The Kevlar helmet and LBE are required wear on all Fort Lewis Ranges. Cadre must bring their LBE and Kevlar helmet to camp even if assigned to a staff position.

f. Limited quantities of selected reference materials are stored at Fort Lewis for use during camp. Cadre must bring any references they desire for personal use from their home station.

8. CADET CYCLE ASSIGNMENTS AND ADVANCED CAMP ORDERS.

a. ROTC battalions will input their Advanced Camp attendance reports via the Cadet Command Cadet-to-Camp Automated Program. Reports must identify all cadets eligible to attend Advanced Camp. Make every effort to ensure accuracy in precamp status reports since they provide the basis for numerous decisions, which directly affect manpower and budgetary requirements for support of camp.

b. Specific instructions and suspenses for the pre-camp program will be furnished at a later date.

c. This headquarters will refine initial cycle assignments based on information provided and advise battalions of the breakout by 1 April 2000. Unless for emergency reasons, requests for cycle changes will not be considered after 1 May 2000.

d. Regiment assignment for nurse cadets attending the Nurse Summer Training Program (NSTP) will be made based on the dates of their clinical elective. Detailed information is contained in paragraph 14 of this circular.

e. Battalion commanders will issue orders for attendance of cadets at Advanced Camp. Samples and instructions for completing the orders will be furnished by HQ Cadet Command at a later date.

9. CADET CAMP DEFERMENTS.

a. Unless deferred, all contracted cadets who have completed the MS III year must attend Advanced Camp prior to enrollment in MS IV.

b. Deferment requests are considered only for medical reasons, financial or personal hardships, and

summer school attendance for continued academic alignment. Battalion Commanders may grant deferments unless they pertain to overweight, APFT failure or not being ready to train. These deferments must be approved by the Region Commander.

c. A copy of the approved deferment must be forwarded to Fourth Region Headquarters, ATTN: ATOD-PA. All deferments must be completed prior to 1 May 2000. Only deferments based on emergency situations will be considered after that date.

10. CADET MEDICAL QUALIFICATION REVIEW AND MEDICAL WAIVERS. Normally, cadets do not need medical examinations prior to camp unless scheduled for attendance at Cadet Professional Development Training (CPDT) prior to Advanced Camp, or if an individual has a medical condition that would preclude successful completion of Advanced Camp. All cadets will undergo a complete medical examination upon reporting to camp regardless of the date of their last medical examination. The following instructions apply:

a. Each cadet will complete one copy of DA Form 2453-R, Statement of Health and Medical Examination within the final eight weeks of the academic year preceding camp to personally verify that no change in medical condition has occurred since their last medical examination (Appendix E).

(1) A cadet who indicates a change in medical condition will undergo a medical examination or consultation of sufficient scope to determine qualification for Advanced Camp or retention in the ROTC program. Cadets with questionable medical qualifications should be examined at a military facility to preclude sending individuals with a disqualifying defect/condition to Advanced Camp. School medical facilities and other civilian medical activities do not normally administer medical examinations in accordance with standards of AR 40-501, Standards of Medical Fitness dated 30 Aug 95.

(2) The PMS will grant a deferment IAW para 9 for any cadet with a medical condition that obviously precludes completion of required training. For example, a cadet who has had a recent fracture and has a cast on his lower leg or forearm could not complete the training and should not be sent to camp; see paragraph 17d.

(3) Temporarily medically disqualified cadets may attend camp provided they comply with the requirements of AR 145-1, Senior ROTC Program: Organization, Administration and Training paragraph

3-25, prior to arrival. Forward all available medical records (including consultations, lab tests, etc.) concerning a temporary medical condition to Fourth Region Headquarters, ATTN: ATOD-PA. Forward records requesting authority for the cadet to attend camp by memorandum in time to enable a determination of eligibility prior to the camp reporting date. Madigan Army Medical Center (MAMC) will review the medical documentation and determine whether or not the cadet is medically qualified.

b. Pap smear and pelvic examination are required parts of the commissioning physical and will be administered at Advanced Camp unless a valid examination is documented IAW para 17k. Recommend female cadets have these exams completed prior to Advanced Camp.

11. CADETS CLASS 1A FLIGHT PHYSICALS.

a. MAMC will administer Class 1A Flight Physicals to designated cadets at camp. Cadets scheduled for flight physicals must pass the Alternate Flight Aptitude Selection Test (AFAST) with a minimum qualifying score of 90 and meet the general flight medical standards outlined in AR 40-501, Chapter 4. Do not schedule cadets for a flight physical that have not taken the AFAST, have failed the test, or do not meet the general medical standards. Suspense: 1 April.

(1) Cadets along with the results of their AFAST must be entered into the precamp database if they desire a flight physical at camp.

(2) Once battalions lose access to the precamp database, telephonically report any additions or changes. Flight physicals will not be administered if not scheduled prior to reporting to camp. The AFAST is not administered at Advanced Camp due to time and staffing constraints. Make negative reports telephonically and direct questions concerning the above requirements to Cadet Personnel POC at DSN 357-3254 or Commercial (253) 967-3254.

b. The following are the most common medical conditions, which result in disqualification under Class 1A standards:

(1) Eye and vision standards outlined in AR 40-501, paragraphs 4-11 and 4-12.

(2) Histories of asthma or hay fever subsequent to age 12 (AR 40-501, paragraphs 2-23d and 4-18).

(3) Skull or vertebral fractures. Any history of head injuries and unconsciousness must be documented by medical records (AR 40-501, paragraph 4-23).

(4) History of attempted suicide (AR 40-501, paragraph 4-23j).

(5) History of psoriasis (AR 40-501, paragraphs 2-35 and 4-24).

(6) Ulcers (AR 40-501, paragraphs 2-3 and 4-4).

(7) History of drug or alcohol abuse (AR 40-501, paragraphs 4-23h and i).

(8) History of a serious illness/disease such as polio, heart disorder, epilepsy, or other seizure disorders (AR 40-501).

(9) Acute or chronic sinusitis (AR 40-501, paragraph 4-20(l)).

12. ARMED FORCES IDENTIFICATION (ID) CARD AND ISSUANCE OF IDENTIFICATION TAGS.

a. All cadets, except aliens, must have a valid ID card and a copy of their Advanced Camp Travel Orders in their possession at all times during attendance at camp. Valid ID cards issued by USAR Troop Program Units or Army National Guard units to Simultaneous Membership Program (SMP) participants will suffice. Battalions should arrange to have ID cards issued to cadets prior to reporting to camp. In some cases, arrangements may have to be made with the local support activity to handle the issuance of ID cards by mail.

b. Ensure all cadets ID cards are checked for accuracy prior to departure for camp. Obtain new cards for those cadets whose ID cards contain incorrect/missing data, improper/missing signatures, poor quality photographs, and/or evidence of being altered. Instruct cadets to safeguard their ID card and ensure they have it in their immediate possession upon reporting to camp.

c. Cadet Personnel Division (CPD) will issue temporary ID cards to aliens during in processing at camp.

d. In exceptional cases, CPD will issue an ID card if the battalion is unable to obtain an ID card for the cadet prior to arrival at Advanced Camp. Due to limited resources, every effort must be made to ensure all cadets report to camp with a valid/correct ID card.

e. Ensure all cadets scheduled to attend Advanced Camp have identification (ID) tags and their red medical dog tags if applicable. ID tags are authorized for issue by CTA 50-970, Expendable-Durable Items (Except Class V, Repair Parts and Heraldic Items). Cadets must wear their ID tags while traveling to or from camp whether in uniform or not and when engaged in field training at camp.

13. CONTRACT AND ENLISTMENT

REQUIREMENTS. All cadets, except aliens and non-scholarship Senior Military College cadets, scheduled to attend Advanced Camp must be under ROTC contract and enlisted in the USAR or ARNG, as applicable, prior to reporting to camp. Cadets, other than aliens, who report to camp and are not properly contracted, will be immediately released from camp.

14. NURSE SUMMER TRAINING PROGRAM (NSTP). The clinical elective is part of CTLT. It is an optional three-week training program conducted at selected Army Medical Treatment Facilities. Only those cadets who meet the following prerequisites will be considered for attendance.

a. Are enrolled in a baccalaureate program of nursing that is accredited by an agency recognized by the United States Secretary of Education.

b. Have not previously completed NSTP.

c. Are either:

(1) Graduating seniors or are in graduate school.

(2) Advancing juniors who are scheduled to graduate in the spring, summer or fall of 2000.

(3) Advancing sophomores who, as enlisted persons, successfully completed the 91C Practical Nurse Course in residence (documentation required).

(4) Advancing sophomores who are Registered Nurses (proof of license required).

d. Meet all other prerequisites for camp attendance.

e. Brigade Nurse Counselors and Region Chief Nurses review NSTP applications. Clinical assignments are made by Region Chief Nurses and coordinated with Cadet Personnel and Training Divisions. The clinical assignment determines the regimental assignment. Nurse cadets electing not to attend NSTP are assigned to regiments by the same

process as non-nurse cadets. Refer to the NSTP Program of Instruction for training objectives. Cadets selected for clinicals must have the following prior to reporting to the clinical site: Clinical orientation by battalion commander or brigade nurse counselor, current CPR Provider C Card, appropriate uniforms IAW the MOI SY 99-00 ROTC Cadet Professional Development Training (CPDT) and Nurse Summer Training Program (NSTP) dated 27 January 2000. Nursing cadets' personnel and medical records will be completed in accordance with paragraphs 15-17 below.

15. CADET RECORDS AND REPORTS.

a. All required cadet personnel and medical records must be available prior to arrival of cadets at camp. Incomplete or missing records can delay a cadet's medical examination/qualification at camp, delay notification of next of kin (NOK) in case of serious illness/injury/death, preclude an individual from attending Cadet Troop Leader Training (CTLT) or specialized training, or have an adverse impact on other cadet personnel actions.

b. Use the AC Form 12, Advanced Camp Records Checklist, at Appendix A to process the cadet personnel, medical, and commissioning records for Advanced Camp. Battalions are not required to forward the checklist to camp with the records.

c. Regardless of cycle assignment, Units/BNs will forward personnel and medical records for cadets scheduled to attend camp to the Commander, Fourth Region (ROTC), ATTN: ATOD-PA (Cadet Personnel), Box 339512, Fort Lewis, Washington 98433-9512 to arrive NLT 20 April 2000. Mark each envelope or package of records in the lower left-hand corner "ADVANCED CAMP RECORDS." If more than one envelope/box is used, identify the number and total of packages shipped (i.e., 1 of 5, 3 of 5, etc.) in the right hand corner of each container.

d. Contents of the personnel and medical records are specifically addressed in paragraphs 16 and 17 below.

16. CADET PERSONNEL RECORD. Units/BNs will prepare and forward a manila record folder with the cadet's name and SSN typed or neatly printed in the upper left hand corner, along with name of school, location, and institution code (host) in upper right hand corner. Arrange the folders alphabetically and include the following documents:

a. DD Form 93, Record of Emergency Data. All cadets attending camp must complete this document. Sample of a completed DD Form 93 is at Appendix C.

(1) Aliens are not required to complete items 9, 10, 11, and 12b.

(2) Advise cadets to carefully consider designating NOK because that is the person initially notified in the event of death or serious injury/illness. Since there are no other documents in the cadet Advanced Camp Personnel Records listing Home of Record and NOK, cadets must ensure that all information shown for their next of kin is current and correct. Record the NOK's complete telephone number in item 13 (remarks).

b. SGLV Form -- 8286, Servicemen's Group Life Insurance Election.

(1) All cadets, except aliens, are required to complete this form at time of contracting. Each contracted cadet attending camp must review this form 30-45 days prior to camp attendance. If the cadet desires to change the form, the change must be entered into ROTCMMS Phase III for the information to reach DFAS. Exercise care in completion of this form since it will become effective should death or serious injury occur while a cadet is enroute to or from camp or while attending camp. Ensure strict compliance with the provisions of AR 608-2, Government Life Insurance, SGLI Veterans Group Life Insurance, U.S. Government Life Insurance and National Service Life Insurance, paragraph 2-11, which requires that the rights, benefits, and privileges under SGLI are explained to all cadets prior to completion and during review of the form. The initial form completed at contracting can be included in the camp packet, but must be marked "REVIEWED ON (date)" and initialed by the cadet at the top of the form.

(2) Simultaneous Membership Program (SMP) participants, who are presently covered by SGLI with premium deductions being withheld from their drill pay, need not take additional SGLI while attending Advanced Camp. Provide a copy of the SGLV Form -- 8286 from the cadet's Reserve/National Guard unit in the cadets' records and annotate "HAVE SGLI WITH SMP UNIT" on top of the form in red and have the cadet initial the top of the form.

(3) If a cadet does not elect SGLI coverage, have the cadet annotate Section I of SGLV Form -- 8286, in his/her own handwriting; "I want no insurance."

(4) All cadets (except aliens) attending Advanced Camp are eligible for a maximum of

\$200,000 SGLI while attending camp, and while proceeding directly to and from camp under orders issued by competent authority. Cadets receive full coverage (\$200,000) unless the cadet desires to waive SGLI or be insured for a lesser amount. Cadets attending camp who desire SGLI coverage will automatically have premiums withheld from their camp base pay from the Defense Joint Military Pay System - Reserve Component (ROTC Pay System) DJMS-RC. The SMP cadet's premium will be deducted from either the ROTC camp pay or SMP drill pay whichever is paid at the time the premium is deducted.

(5) Cadets attending CTLT subsequent to completion of Advanced Camp must pay SGLI deductions for a total of three months if they elect SGLI coverage. The rule states that any cadet electing SGLI coverage must pay the monthly cost of that coverage, whether coverage is for one day or the entire month. Insurance in force at the time of completion or termination of an individual's stay at camp or conclusion of CTLT will remain in force until the end of the month that base pay is discontinued.

c. Twenty copies of travel orders and amendments (if applicable).

d. One working copy of DD Form 1351-2 (Travel Voucher) with administrative blocks (items 1 through 14 completed.)

e. Battalions must ensure they retain a copy of the personnel record, since they will not be returned to the battalions upon completion of camp. Only a copy of the DD Form 1351-2 will be sent to the battalions.

17. CADET MEDICAL RECORD. Units/BNs prepare and forward a second manila folder with name of cadet typed or neatly printed in the upper left hand corner along with the name of school, location, and institution code (host) in the upper right corner for the cadet's medical record. Stamp or print the word "MEDICAL" in bold letters in the center of this folder. Arrange these folders alphabetically and bundle separately from the Cadet Personnel Record. If more than one envelope or box is used, identify the number and total of packages shipped (i.e., 1 of 5, 3 of 5, etc.) in the right hand corner of each container. Include the following documents: The working copies of SF 93 and SF 88 are the documents that will be used during the physical examinations. Accuracy in completing these forms prior to camp is essential.

a. One working copy of SF 88, Report of Medical Examination. SF 88 (revised 10-94) is the only

form acceptable. Complete items 1 through 16 with typewriter or black ink/ball point. The preprinted sample enclosed at Appendix B can be reproduced and used for this purpose.

(1) The purpose of this examination must reflect the exact information shown in block 16 on the example form at Appendix B.

(2) Enter in item 12b the telephone number of the cadet's ROTC battalion, as well as the school, address, etc.

(3) Cadets will not answer any questions on this form until they arrive at Advanced Camp.

b. One working copy of SF 93, Report of Medical History. Cadets should complete items 1 through 24 of SF 93 under the close supervision of an individual who is familiar with this form. A preprinted, reproducible form is at Appendix D.

(1) Cadets will answer questions on SF 93 to the best of their recollection and ability. Inform them that any person who enters or remains in the ROTC program through concealment of a disqualifying medical condition is subject to disenrollment.

(2) Complete items 1 through 6 with typewriter or black ink/ball point. Cadets will complete items 7 – 23 in their own handwriting. They must answer all questions fully, placing particular emphasis on proper completion of item 10 and explain any positive response in items 12-22 in the blank space at the right of the items. Cadets must print and sign their full name on the reverse side of the form.

(3) Review any "yes" answers and ensure there is supporting medical documentation when necessary.

c. One copy of DD Form 2005, Privacy Act Statement - Health Care Records. Ensure the cadet signs and dates this form.

d. When applicable, include a statement from a physician regarding any major injury, broken/fractured bones, serious illness or surgical procedures since the cadet's initial physical, to include diagnosis, procedure, results, and activity limitations, if any. This information is important if the cadet has any type of known medical problems that could impact on the assessment of his/her medical condition at camp.

e. Original or copy of the medical examination (SF 88 or DD Form 2351, and SF 93), together with any medical consultation and tests, evaluated for entry

into the advanced course or for a two, three, or four year scholarship award. Include a copy of any subsequent medical examinations. If the medical examination is not available, furnish information as to the date, status, and location. It is very important that this examination is included in the medical record in the event that medical problems or questions arise at camp.

f. One copy of SF 601, Health Record-Immunization Record, with identifying data including name, social security number, and institution typed in at the bottom of the first page. Ensure all immunizations received prior to camp are recorded.

g. Completed DA Form 2453-R, Statement of Health and Medical Examination. A sample is at Appendix E.

h. If applicable, include approved medical waivers granted for enrollment in the ROTC program, award of scholarship, or retention in the ROTC Advanced Course.

i. When applicable, prescription for eyeglasses (not contact lenses). Cadets who wear glasses or contact lenses should retain a copy of the prescription in their possession and bring an extra pair of eyeglasses to camp. Eyeglasses will not be issued at camp for cadets who only bring contact lens.

j. A statement (Appendix F) verifying the cadet has a panographic radiograph. Ensure that all cadets have a panographic radiograph completed before traveling to Advanced Camp. Retain the completed panographic radiograph on file at the ROTC battalion.

k. Documentation of a normal pap and pelvic examination within the previous six (6) months prior to their reporting date for female cadets. The documentation required is the cytology report and pelvic exam report.

18. COMMISSIONING AT ADVANCED CAMP.

a. Cadets who are eligible to be commissioned (i.e., must possess a baccalaureate degree or be a Military Junior College (MJC) cadet) at the end of Advanced Camp must be commissioned at camp. Ensure cadets to be commissioned at camp are properly coded in the Advanced Camp database and have a completed security clearance prior to arrival at Advanced Camp. Cadets commissioned at camp are required to bring their Class A uniform, officer

garrison cap, and three 2LT insignia. Suspense: 25 June.

b. Units send 'request for commissioning packets' to HQ, Cadet Command in accordance with that headquarters' established time frame.

c. HQ, Cadet Command forwards commissioning documents to the Fort Lewis ROTC Advanced Camp, ATTN: ROTC-PC (Cadet Personnel), no later than 10 working days prior to each regiment's graduation date.

19. CADET IMMUNIZATION. All cadets attending camp must have the Diphtheria-Tetanus (DT) and the Measles and Rubella (MR) immunizations.

a. Cadets should obtain immunizations prior to attendance at camp. If not, they will receive them during the physical examination. Cadets have complained in the past that this impedes their performance on the APFT, which is scheduled 2 days after the immunizations are given.

b. Ensure that immunizations are entered on both the PHS Form 731, International Certificate of Vaccination, and the SF 601. Cadets must have PHS Form 731 in their possession when reporting for their medical examination at camp.

20. CADET EARLY RELEASE. The availability of multiple training cycles precludes early releases other than for bona fide emergency reasons. Cycle assignments are made to accommodate specialized training and summer school requirements. The Camp Commander will grant requests for early release only in exceptional cases. Prior to the start of Advanced Camp, Units/BNs address requests for early release with complete justification through the brigade/region commander to the Commander, Fourth Region (ROTC), ATTN: ATOD-PA. Substantiate all requests for early release to attend summer school with supporting documentation from an appropriate school official such as the registrar, dean of the academic department, or cadet's academic adviser. The battalion commander and/or Military Institutional Representative (MIR) will endorse the request and confirm circumstances for an early release. Discuss policies regarding early releases with all cadets attending camp and inform them that successful completion of Advanced Camp requires completion of 90 percent of camp training.

21. CADET TRAVEL.

a. Battalions prepare cadet orders and obtain a one-way trip Government Transportation Request (GTR) to camp. Advanced Camp Cadet Personnel Division will have the capability to make amendments and make the necessary arrangements for travel to respective training sites (CPDT). If a cadet is given a round trip ticket, the Unit/BN is responsible for turning in the unused portion of the ticket to the issuing agency. Suspense: 1 April.

b. Personnel obtaining and handling GTRs and cadets to whom GTRs are issued are responsible for them. Cadets must safeguard their tickets and be aware of the consequences associated with their loss. Reimbursement for non-GTR cadet travel is IAW Volume 1, Joint Federal Travel Regulation and will not exceed the cost of a GTR.

c. In certain situations, where it is fiscally advantageous to the U.S. Government, regulations may authorize exceptions for cadets to travel by POV. POV travel is discouraged. However, Cadet Command policy for Advanced Camp is that Battalion Commanders may authorize POV travel for cadets within a 500-mile radius of Fort Lewis. Upon arrival, cadets will park POVs in a designated lot and will not be allowed to drive the vehicles until the day they depart Fort Lewis. Battalion Commanders must provide written notification of cadets traveling by POV to Fourth Region Headquarters, Cadet Personnel, ATTN: ATOD-PA and ATOD-RP, NLT 1 May 2000. Battalion Commanders require written authorization even if cadets are only planning on returning via POV after graduation, i.e., parents, family, friends, etc. This also applies to nurses at Advanced Camp and at their clinical sites. Requests for exception to the 500-mile rule must be approved by respective Region Chiefs of Staff.

d. Units/BNs instruct all cadets traveling by commercial air to follow the directions in the baggage claim area in the main terminal of the Seattle/Tacoma (SEATAC) Airport. Camp representatives will staff the SEATAC Airport ROTC transportation desk located adjacent to baggage claim area 9 during the hours of 0800-2000, or as required, during the cycle reporting period, and will arrange for transport of cadets to Fort Lewis

22. PREPARATION OF CADET TRAVEL ORDERS.

a. Cadet travel orders are prepared in the format outlined by HQ Cadet Command, RM, Budget Directorate.

b. Completed orders will be forwarded by e-mail to Cadet Command RM/Budget Team. The

budget teams will assign a travel order number, estimate travel costs, and add accounting information.

c. Any change to cadet orders which does not result in a revocation must be accomplished with an amendment to the original order.

d. Forward copies of receipts for any unused portions of tickets to the appropriate Cadet Command Headquarters, RM, Budget, with a copy of the original order. Again, when turning in all or part of any ticket, obtain a receipt from the Transportation Office to relieve ROTC's responsibility for payment.

e. Keep and maintain a record on all airline tickets purchased, used or unused. All tickets generated by Carlson-Wagonlit or any other travel agency will proceed through the finance system. This will validate which tickets were actually used as opposed to those we are expecting refunds on. Be prepared to answer any questions that may arise concerning airline tickets such as: whether or not a ticket was purchased for a certain cadet, if a ticket has been turned-in, were there duplicate tickets purchased, etc.

f. Accuracy of orders and travel vouchers may impact on cadet entitlements; therefore, it is extremely important to provide complete information when preparing orders and filing claims. Direct questions to respective Cadet Command Headquarters, RM.

23. REPORTING OF CADET'S ESTIMATED TIME OF ARRIVAL (ETA) AT SEATAC AIRPORT.

Telephonically report any ETA changes that occur after submission of the initial report to 4th Region Headquarters, DSN 357-3254 or commercial (253) 967-3254. **Suspense: 1 May.**

24. CADET LOGISTICAL REQUIREMENTS.

The following logistical actions require special attention to prepare cadets for Advanced Camp:

a. Non-tariff Size Clothing. Units/BNs submit requisitions for required non-tariff clothing by using DD Form 358 (Male) or DD Form 1111 (Female) and DD Form 150 (Special Measurements Blank for Special Measurement Orthopedic Boots and Shoes) to your support installation not later than February 2000 for cadets attending Advanced Camp. Also, send a copy of forms to Fourth Region Headquarters, ATTN: ATOD-RL, NLT 1 April 2000.

b. Footwear. In accordance with CTA 50-900, Clothing and Individual Equipment, issue two pairs of properly fitted combat boots and two pair of wool

socks. Issue boots in sufficient time to ensure proper "break-in." Cadets will be issued eight additional pairs of wool socks from CIF during inprocessing.

c. Uniforms and Field Equipment to bring to Camp. Cadets will bring selected items of military uniforms and field equipment as identified in Appendix G. Battalions that do not have sufficient quantities of wet weather gear and ponchos must notify Fourth Region RM/Logistics Branch, (253) 967-4050/9838, NLT 1 April 2000.

d. Name Tapes. Ensure that the "U.S. Army" tapes, nametape, and Cadet Command patch (subdued) are properly sewn on each cadet's Battle Dress Uniform (BDU) shirts and one field jacket prior to departure for camp. Do not remove distinctive school shoulder patches if they are subdued. Combat patches are authorized in lieu of distinctive school patches. Cadets will not be required to bring additional nametapes for the four additional CIF issued uniforms.

e. Swimming Suits. All cadets will bring a swimsuit that is in good taste for use at Confidence Training. Female cadets must bring a one-piece swimsuit.

f. Personal Clothing and Items to Bring to Camp.

(1) Appendix G contains a list of required and recommended personal clothing and items for cadets to bring to camp.

(2) NSTP attendees refer to the packing list contained in the Cadet Command CPDT MOI dated 27 January 2000 for clinical phase requirements.

g. CTA 50-900. CIF will issue selected items of organizational field clothing and equipment to cadets during in processing at Fort Lewis. Cadets will clean and turn in all clothing and equipment issued at Fort Lewis prior to departure. The provisions of AR 735-5, Policies and Procedures for Property Accountability will govern for lost, damaged, or destroyed articles and their reimbursement.

h. Laundry.

(1) A local contractor will provide laundry services at no cost to cadets.

(2) If individual clothing is lost or damaged by the laundry, cadets may file a claim against the U.S. Government through their respective regimental supply sergeant.

It is imperative that cadets immediately inventory their clothing upon receipt and notify their supply sergeant within 72 hours upon discovery of loss or damage. Cadets must retain their blue copy of the four part Laundry List for Military Personnel, to provide accountability of clothing turned in to the laundry.

i. Meals. Cadets will subsist in Army dining facilities located in each regiment area. The provisions of ARs 30-1, The Army Food Service Program and 145-1, Senior ROTC Training Program: Organization, Administration and Training, apply to cadets subsisted at Advanced Camp.

25. INFORMATION FOR COMMISSIONEES. Cadets scheduled to be commissioned at the conclusion of Advanced Camp are required to bring their officer Class A uniform, officer garrison cap, and three 2LT insignia. Facilities for pressing, alteration and sewing Class A uniforms are available through the Post Exchange facilities. There is limited time available to arrange for these services during camp.

- COMMISSIONED CADET TA-50. Cadets receiving their commission at Advanced Camp that do not return to their university will mail their TA-50 back to their parent university using the following procedures.

- -PROCEDURES:

(a) The cadet will coordinate with the Camp Logistics point of contact during outprocessing to make an appointment for a joint inventory and packing of the TA-50 equipment.

(b) The cadet and a Camp Logistics representative conducts the joint inventory of all TA-50 equipment to be shipped on a packing list. Both the cadet and the Camp Logistics representative print and sign their names on the packing list as a verification of items being shipped.

(c) One copy of the packing list is placed inside the box with the equipment. One copy is given to the cadet. One copy is maintained on file with Camp Logistics.

(d) Camp Logistics coordinates and tracks the transfer of the packages to the mailroom.

(e) Mailroom sends the packages to the respective universities and gets a tracking number to monitor status. This tracking number is provided to Camp Logistics who will maintain on file.

(f) Following Advanced Camp all files are transferred to Headquarters, Fourth Region (ROTC), Logistics Branch to complete all open actions.

AC Form
12 March 1998

A-1

APPENDIX A -- ADVANCED CAMP RECORD
CHECKLIST

NAME: _____ SSN: _____ Date: _____
YES NO N/A

1. Personnel Records Folder.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Copy of DD Form 93, Record of Emergency Data. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. SGVL Form – 8286, Servicemen's Group Life Insurance Election (one copy). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Twenty copies of travel orders and any amendments. (CPD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Workcopy of DD Form 1351-2 (Travel Voucher). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Medical Folder.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. One working copy of SF 88, Report of Medical Examination, and SF 93, Report of Medical History. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. DD Form 2005, Privacy Act Statement - Health Care Records. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A statement from a surgeon or physician to include diagnosis, procedures, results, and activity limitation, if any, for students who have undergone major surgery, injury, or serious illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. DA Form 2453-R, Statement of Health and Medical Examination. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Copy of initial SF 88 or DD Form 2351, Report of Medical Examination, SF 93 (Report of Medical History), of medical consultations and/or tests administered in connection with enrollment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. SF 601, Health and Immunization Record. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Completed copy of approved medical waiver, if applicable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. One copy of eyeglasses prescription (not contact lenses) for students requiring glasses. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Pantographic radiograph statement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Proof of a normal pap and pelvic exam. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Required immunizations.

- | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|
| a. Tetanus-Diphtheria (DT). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Measles and Rubella (MR). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. The cadet must have the following items:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Reserve Armed Forces Identification (ID) Card (except aliens). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Personnel Identification (ID) Tags. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. PHS Form 731 (Shot Record). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX B – EXAMPLE SF88, REPORT OF MEDICAL EXAM

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM
1. LAST NAME- FIRST NAME- MIDDLE NAME		2. IDENTIFICATION NO	3. GRADE AND COMPONENT OR POSITION ROTC CADET	
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)		5. EMERGENCY CONTACT (Name and address of contact)		
6. DATE OF BIRTH	7. AGE	8. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY U.S. ARMY		12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER AND ADDRESS PHYSICAL EXAM SERVICE/AVIATION MEDICINE MADIGAN ARMY MEDICAL CENTER TACOMA, WA 98431		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION ROTC BASIC/ADV CAMP, SCHOLARSHIP, APPT, USAR/RA, ABN, RGR, AASLT, PF, COMBAT ARMS, MTN WARFARE		

17. CLINICAL EVALUATION					
NOR M/L	(Check each item in appropriate column, enter "NE" if not evaluated)	ABOR M/L	NOR M/L	(Check each item in appropriate column, enter "NE" if not evaluated)	ABOR M/L
	A. HEAD, FACE, NECK AND SCALP			O. PROSTATE (Over 40 or clinically indicated)	
	B. EARS- GENERAL (INTERVAL ON VUS) (Audiology under items 39 and 40)			P. TESTICULAR	
	C. DRUMS (Perforation)			Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemorrhoid Results)	
	D. NOSE			R. ENDOCRINE SYSTEM	
	E. SINUSES			S. GU SYSTEM	
	F. MOUTH AND THROAT			T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES- GENERAL (Visual acuity and refraction under items 28, 29, and 30)			U. FEET	
	H. OPHTHALMOSCOPIC			V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
	J. COLLAR MOTILITY (Associated parallel movements, nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	K. LUNGS AND CHEST			Y. SKIN, DERMATITIS	
	L. HEART (Thrust, size, rhythm, sounds)			Z. NEUROLOGIC (Equilibrium tests under item 42)	
	M. VASCULAR SYSTEM (Varicose, etc.)			AA. PSYCHIATRIC (Specify any personality deviation)	
	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS	
				CC. PELVIC (Females only)	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

VALSALVA-BILATERALY
PRESENT/ABSENT
NOT CHECKED

DIGITAL RECTAL
NORMAL/ABNORMAL
OMITTED

STOOL GUIAC
POSITIVE/NEGATIVE
OMITTED

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
<div style="display: flex; justify-content: space-around;"> <div> 0 1 2 3 32 31 30 0 </div> <div>Restorable Teeth</div> <div> 1 2 3 32 31 30 / </div> <div>Non-restorable Teeth</div> <div> x 1 2 3 32 31 30 x </div> <div>Missing Teeth</div> <div> x x x 1 2 3 32 31 30 x x x </div> <div>Replaced by Dentures</div> <div> (x) 1 2 3 32 31 30 (x) </div> <div>Fixed Partial Dentures</div> </div>	CLASS 2 ACCEPTABLE Y/N	

19. TEST RESULTS (Copies of results are preferred as attachments)			
A. URINALYSIS: (1) SPEDROGRAMY		B. CHEST XRAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results) RPR + /NEG	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS HIV + /NEG ETOH + /NEG DRUGS + /NEG

NSN 7540-00-634-4038

STANDARD FORM 88 (Rev. 10-94)
Prescribed by GS/AMVR, FRMVR (41CFR) 201-9.202-1

USAFPCV2.00

APPENDIX C - EXAMPLE DD FORM 93, RECORD OF EMERGENCY DATA

RECORD OF EMERGENCY DATA				
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).</p> <p>PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.</p>				
<p style="text-align: center;">INSTRUCTIONS TO SERVICEMEMBER</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following</p> </div> <div style="width: 50%;"> <p>statement carefully, and sign on the line provided:</p> <p>I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.</p> <p style="text-align: right;">_____ (Signature of Servicemember)</p> </div> </div>				
1. NAME (Last, First, Middle)	2a. SSN	b. INITIAL <small>(To indicate valid SSN)</small>	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
4a. SPOUSE NAME	b. ADDRESS (Include ZIP Code)			
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH <small>(YYYYMMDD)</small>	d. ADDRESS (Include ZIP Code)	
6a. FATHER NAME	b. ADDRESS (Include ZIP Code)			
7a. MOTHER NAME	b. ADDRESS (Include ZIP Code)			
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD			
9a. BENEFICIARY(IES) FOR DEATH GRATUITY <small>(If no surviving spouse or child)</small>		b. ADDRESS (Include ZIP Code)		c. PERCENTAGE
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES		b. ADDRESS (Include ZIP Code)		c. PERCENTAGE
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING <small>(Subject to Secretarial determination)</small>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>a. SGLI (Optional Service Use)</p> <p><input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OTHER (Amount) _____</p> </div> <div style="width: 60%;"> <p>b. INSURANCE COMPANIES/POLICY NUMBERS</p> </div> </div> </div> </div>				
13. CONTINUATION/REMARKS				
14. SIGNATURE OF SERVICEMEMBER <small>(Include rank, rate, or grade)</small>		15. SIGNATURE OF WITNESS <small>(Include rank, rate, or grade)</small>		16. DATE SIGNED <small>(YYYYMMDD)</small>

APPENDIX D – EXAMPLE SF 93, REPORT OF MEDICAL HISTORY

MEDICAL RECORD		REPORT OF MEDICAL HISTORY		NO. OF ATTACHED SHEETS:	DATE OF EXAM						
NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons											
1. NAME OF PATIENT (<i>Last, first, middle</i>)		2. IDENTIFICATION NUMBER		3. GRADE							
4a. HOME ADDRESS (<i>Street or RFD; City or Town; State; and ZIP Code</i>)		5. EXAMINING FACILITY									
4b. CITY	4c. STATE	4d. ZIP CODE									
6. PURPOSE OF EXAMINATION											
7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (<i>Use additional pages if necessary</i>)											
a. PRESENT HEALTH		b. CURRENT MEDICATION		REGULAR OR INTERM.							
c. ALLERGIES (<i>Include insect bites/stings and common foods</i>)											
		d. HEIGHT		e. WEIGHT							
8. PATIENT'S OCCUPATION		9. ARE YOU (<i>Check one</i>) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED									
10. PAST/CURRENT MEDICAL HISTORY											
CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
Tuberculosis or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Blood in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Trick" or locked knee			
Sleepwalking				High or low blood pressure				Foot trouble			
Wear corrective lenses				Cramps in your legs				Nerve injury			
Eye surgery to correct vision				Frequent indigestion				Paralysis (<i>include infantile</i>)			
Lack vision in either eye				Stomach, liver, or intestinal trouble				Epilepsy or seizure			
Wear a hearing aid				Gall bladder trouble or gallstones				Car, train, sea or air sickness			
Stutter or stammer				Jaundice or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression or excessive worry			
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hernia				Parent/sibling with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy			
Eye trouble				Frequent or painful urination				Chemotherapy			
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stone or blood in urine				Plate, pin or rod in any bone			
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability			
Severe tooth or gum trouble				Sexually transmitted disease				Been told to cut down or criticized for alcohol use			
Sinusitis				Recent gain or loss of weight				Used illegal substances			
Hay Fever or allergic rhinitis				Eating disorder (anorexia, bulimia, etc.)				Used tobacco			
Head injury				Arthritis, Rheumatism or Bursitis							
Asthma				Thyroid trouble or goiter							

NSN 7540-00-181-8638
Previous edition not usable

STANDARD FORM 93 (REV. 6/96) (EG)
Prescribed by ICMR/GSA
FIRM (41 CFR) 201-9.202-1
Designed using Perform Pro, WHS/DIOR, Apr 97

APPENDIX D – EXAMPLE SF 93, REPORT OF MEDICAL HISTORY (con't)

11. FEMALES ONLY						
CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMO- GRAM
Treated for a female disorder						
Change in menstrual pattern						
CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.						
ITEM	YES	NO				
12. Have you been refused employment or been unable to hold a job or stay in school because of:						
a. Sensitivity to chemicals, dust, sunlight, etc.						
b. Inability to perform certain motions.						
c. Inability to assume certain positions.						
d. Other medical reasons (If yes, give reasons.)						
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)						
14. Have you ever been denied life insurance? (If yes, state reason and give details.)						
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)						
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)						
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)						
18. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)						
19. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)						
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)						
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details.)						
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)						
23. LIST ALL IMMUNIZATIONS RECEIVED						
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.</p>						
24a. TYPED OR PRINTED NAME OF EXAMINEE			24b. SIGNATURE			24c. DATE
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."</p>						
<p>25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)</p>						
26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER			26b. SIGNATURE			26c. DATE

STANDARD FORM 93 (REV. 6-96) BACK

APPENDIX E – STATEMENT OF HEALTH AND MEDICAL EXAMINATION

STATEMENT OF HEALTH AND MEDICAL EXAMINATION	For use of this form, see AR 145-1, the proponent agency is ODCSPER	
SCHOOL Seattle University	DATE 1 April 2000	
<p>I underwent a medical examination in conjunction with enrollment in MSIII on or about <u>20 August 1999</u> at <u>Madigan Army Medical Center</u> (Date) (Place)</p> <p>and to the best of my knowledge and belief there has been no change in my medical condition since the accomplishment of this medical examination except as noted below: (List changes in medical condition, or insert “No change”, as appropriate.)</p> <p>NO CHANGE</p> <p style="text-align: right;"><u>CADET SIGNATURE</u> (Signature)</p>		

DA Form 2453-R, 1 Sep 61

NOTE: Blank copy of this form can be found in AR 145-1

APPENDIX F – SAMPLE DENTAL EXAMINATION STATEMENT

(SCHOOL'S LETTERHEAD)

OFFICE SYMBOL (FILE NUMBER)

DATE

MEMORANDUM FOR TO WHOM IT MAY CONCERN

SUBJECT: Dental Examination Statement

STATEMENT

1. On _____, Cadet _____
(DATE) (FIRST, MIDDLE INITIAL, LAST NAME)
had a Pantographic Radiograph completed. It is presently on file at this battalion.

2. POC at this battalion is _____ at commercial
(NAME)

_____ or DSN _____
(AREA CODE AND TELEPHONE NUMBER) (COMPLETE DSN NUMBER)

BATTALION COMMANDER'S SIGNATURE
BATTALION COMMANDER'S SIGNATURE BLOCK

APPENDIX G CADET CLOTHING/UNIFORM INVENTORY - ADVANCED CAMP

CADET NAME: _____ SSN _____ REGT _____ REGION _____

UNIVERSITY AND ADDRESS _____

ITEM	SIZE	CADET REQUIRED TO BRING	REQUIRED FROM SCHOOL	ISSUED AT CIF
1. Coat, Cold Weather, BDU			1	1
2. Cap, BDU			1	1
3. Coat, BDU			4	4
4. Trousers, BDU			4	4
5. Boots, Combat			2	
6. T-Shirt Athletic (PT)			2	
7. Trunks, Gen. Purpose (PT)			2	
8. Sweatshirt, gray ARMY (PT)			1	
9. Sweatpants, gray drwcrd (PT)			1	
10. Socks, OG 508 wool			2 pr	8 pr
11. Glove, Leather Blk			1 pr	
12. Glove, Insert wool			1 pr	
13. Insignia, ROTC			2	
14. Bag, Duffel			1	
15. Bag, Waterproof			1	
16. Belt, Black			2	
17. Belt, Indiv Equip (pistol)			1	
18. Canteen, Water (1 qt)			2	
19. Cup, Canteen			1	
20. Cover, Canteen			2	
21. Case, First Aid			1	
22. Case, SA 30 Rd Magazine			2	
23. Compass, Lensatic, w/case			1	
24. Parka w/w olv grn or camo			1	
25. Trousers, w/w/olv grn or camo			1	
26. Suspenders, LBE w/web belt			1	
27. Undershirt, Brown			4	6
28. Underwear		10 pr		
29. Shoe Polish Kit		1		

30. Swimsuit		1		
31. Bra (Females)		5		
32. Shoes, Shower		1		
33. Notebook, Pocket		1		
34. Padlock, Key/Combination		2		
35. Identification Tag			2	
36. Eyeglasses (if worn)			2	
37. Flashlight (OD or black)			1	
38. Barracks Bag				2
39. Poncho			1	
40. TACSOP and FM 7-8			1	
41. Handkerchiefs		*ad		
42. Shoes, Running		**2		
43. Socks, white athletic		2 pr		
44. Watch		*ad		
45. Washcloth		*ad		
46. Bath Towels		*ad		
47. Pajamas		*ad		
48. Civilian Sweatsuit		*ad		
49. Hangers, Clothes		*ad		
50 Toilet Articles		*ad		
51. Kevlar Helmet w/straps & cover				1
52. Alice Pack w/ straps & frame				1
53. Sleeping Bag				1
54. Sleeping mat				1
55. Other select TA-50 items TBD				*

(*ad, as desired) (**recommend 2nd pair for use during water survival training.)

Platoon TAC NCO Signature _____ PRIVACY
 ACT STATEMENT) AUTHORITY: The Privacy Act of 1984 (5 USC 552a), 10 U.S.C., 1416.34DALO (See
 Section 012). PRINCIPAL PURPOSE: To reflect accountability for personnel clothing by individual
 cadet during ROTC Advanced Camp. HQ4RAC Form 5 Mar

**APPENDIX H - INSTRUCTIONS TO COMPLETE DD FORM 1351-2
(DATED OCT 91) FOR USE BY ROTC CADETS ATTENDING SUMMER CAMP/CPFT/CTLT. COMPLETE IF
YOU HAVE ANY EXPENSES TO CLAIM.**

1. Your travel voucher (DD Form 1351-2) must be COMPLETELY and CORRECTLY filled out and all required supporting documents attached or it will be returned to you.
 - a. Type or use a (blue/black) pen. PRESS HARD. All copies must be legible.
 - b. Review voucher before signing and dating in block 21a.
 - c. Attach two copies of your orders, two copies of any amendments and two copies of receipts for claims over \$75.00. Attach the receipts to a blank sheet of white bond paper.
2. Instructions for completing DD Form 1351-2.
 - A. Block 1. Place an X in the Electronic Fund Transfer block.
 - B. Block 2. Place an X in the TDY Block.
 - C. Block 3. Do not mark this block; it is for the Finance Office's use only.
 - D. Block 4. Cadet's full name.
 - E. Block 5. Self-explanatory.
 - F. Block 6. Self-explanatory.
 - G. Block 7. Address where you want finance to mail your "Advice of Payment" or a check if they have problems with the Electronic Fund Transfer.
 - H. Block 8. Telephone number where you can be reached if finance has a problem with this voucher.
 - I. Block 9. Order #, date of order, order issuing authority.
 - J. Block 10. List all payments that you have received on this order, to include ADVANCE AND PARTIAL PAYMENTS that you have received at your duty station, enroute, or at your TDY point. If you did not receive any payments, YOU MUST SHOW "NONE".
 - K. Block 11. School Name and address.
 - L. Blocks 12, 13 and 14. Leave blank.
 - M. Block 15. Show date, time (US military time, 24 hr clock) of DEPARTURE from and ARRIVAL at each point to include place of departure, home airport (No Intermediate Airports), airport servicing summer camp, summer camp station, airport servicing summer camp, home airport, place of origin. For codes, see reverse side of DD Form 1351-2. You must annotate number of miles traveled if traveling in a privately owned vehicle. (NOTE: FINANCE WILL NOT PAY FOR MILEAGE IF YOU FAIL TO LIST IT ON THE TRAVEL VOUCHER). You must show "summer camp" while at Advanced Camp. You must show number of meals consumed in a government mess while at camp.

APPENDIX H - INSTRUCTIONS TO COMPLETE DD FORM 1351-2 (cont)

N. Block 16. List all reimbursable expenses that you are claiming, (i.e. cost of airline tickets if purchased with personal funds, taxicab to and from airport, and lodging (you must provide receipts regardless of the price of the ticket). Expenses should be listed by date incurred. Receipt is required for any item \$75.00 or more.

O. Block 17. Leave blank.

P. Block 18. Mark mode of travel if you traveled in a privately owned vehicle.

Q. Block 19. Show TR number from your transportation request or airline service request form and show the cities you flew from and to. If a TR was not issued, enter "NONE". If you did not use your ticket or any portion thereof, you must return the unused ticket or portion to the Transportation Office. A copy of the receipt issued by the Transportation Office must be attached to the voucher.

R. Block 20. Leave blank if you are not claiming phone calls.

S. Block 21a and 21b. Sign and date your travel voucher. Review your travel voucher. Finance will only reimburse for items listed on the voucher.

T. Blocks 23 thru 29 are left blank.

U. The PMS or designated cadre member will review all vouchers for accuracy. Incorrect vouchers delay payment of travel claims. Finance only pays for what is listed on the travel voucher.

THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM IS: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS OR BOTH. (US CODE, TITLE 18, SECT 287, FORMERLY SEC 80)

3. Cadets should forward travel claims with all required supporting documentation through the PMS to DFAS-RO/FPT, 325 Brook Road, Rome, NY 13441-4527.

APPENDIX I – Example Cadre Travel Order, Form 400

«Appropriate Letter Head»

TDY ORDER

DATE

«LastName», «SSN», «Rank», «University»

You are to proceed on temporary duty as shown below and are to return to your permanent station upon completion of the duty. You will submit a travel voucher for this travel IAW (i) below.

TEMPORARY DUTY AT: Fort Lewis, Washington

PURPOSE: To attend the USA ROTC Cadet Command Advanced Camp 2000.

REPORT DATE: «report date»

*EARLY REPORT NOT AUTHORIZED

NUMBER OF DAYS: «days (tdy, pass, leave and travel inclusive)»

PROCEED DATE: «days (tdy, pass, leave and travel inclusive)»

DEPARTURE DATE: «date»

SECURITY CLEARANCE: N/A

MODE OF TRAVEL: POV or GTR

ACCOUNTING CLASSIFICATION:

*EXCEPTIONS: GUAM, HAWAII, PUERTO RICO, AMERICAN SAMOA

Additional Instructions: (a) Personnel will report to Building #9D51, NET 0800 and NLT 1630 hours on the date listed above. Weapons will not be transported incident to travel. (b) Duty Uniform for Camp: BDU's w/boots. (c) Travel will be at Government expense. Use of privately-owned conveyance is authorized for the convenience of the individual and will be limited to constructive cost of common carrier transportation plus transportation to and from the airport. Reimbursement will be at the current rate as prescribed in JFTR Volume 1, U4125-A, para 2. In and around mileage is not authorized. Individuals driving government vehicles in support of Advanced Camp are allowed travel days in conjunction with JFTR. If delayed en route, notify your chain of command. If you cannot contact your chain of command, call the P&A Division at 1-253-967-9890. (d) If travel is by common carrier, mode of transportation will be determined by the Transportation Officer who will issue a round trip GTR as required. Purchase of airline ticket thru private travel agency is not authorized. Excess baggage reimbursable up to \$100 is authorized. Paid receipt from the airline required for reimbursement. (e) Guidance concerning settlement of travel claims upon return from Camp and claims for Family Separation Allowance will be provided to each cadre member when inprocessing at Camp. (f) Billeting will be provided on contract basis at no cost to the individual. Government meals are available and directed. (g) Rental car not authorized. (h) Service member will be attached to the above command for administration of award and UCMJ actions. (i) Within five working days after completion of travel, request for reimbursement will be submitted on DD Form 1351-2 (Travel voucher or subvoucher) with 3 copies of settlement, orders and receipts to Defense Finance & Accounting Service-Rome, ATTN: DFAS-RO/FPT, 325 Brooks Road, Rome, NY 13441-4527.

Format 400

FOR THE COMMANDER:

DISTRIBUTION:
INDIVIDUAL (5)

LEE G. RAMSEY
CHIEF, PROGRAM AND
BUDGET

WILLIAM I. FOX
MAJ, FA
CHIEF, CAMPS BRANCH

The proponent of this circular is the Directorate of Training. Users are invited to send comments and suggested improvements to Commander, U.S. Army Cadet Command, ATTN: ATCC-TT, Fort Monroe, Virginia 23651-5000

STEWART W. WALLACE
Major General, U.S. Army
Commanding

OFFICIAL:

//S//

JOHN W. CORBETT
Colonel, GS
Chief of Staff

DISTRIBUTION:
A, B, C, D
5 - ATOD-PA
Camp Coordinators
84th Division (IT)
104th Division (IT)
WAARNG Military Academy
Commander, ARPERCEN, ATTN: DARP-MOT
DPTMS, Fort Lewis